

Depression in Pregnancy and Postpartum

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Objective

- Awareness of “The Problem: Depressed moms”
 - Prevalent, undetected illness with negative impact on mom and baby
- “The Solution”
 - Increase awareness, screen for risk factors and symptoms, then ensure treatment

Overview

- Depression in Women
- Major Depression During Pregnancy
- Postpartum Mood Disorders
- Impact of Postpartum Depression
- Screening
- Treatment

Depression

- Normal human experience
 - Transient sadness
- Significant mental illness
 - Severe symptoms require treatment
 - 15 % suicide untreated major depression
 - Higher mortality than expected from other disorders



Depression

- Common 15 % – 25 % of population
- \$ 44 Billion annual economic burden
- Frequently undetected
- Fewer than 25 % of sufferer receiving care from a mental health specialist

Depression in Women

- 20 % one treatable episode lifetime
- Twice as common in women
- Peak incidence during primary reproductive years (25-45)



Depression in Women

- Strongly associated with current or past physical , sexual or emotional abuse
- Complex biological, cultural, economic factors
 - Higher frequency during premenstrual phase
 - Perimenopausal period
 - Immediate postpartum

Depression in Pregnancy

- Rates similar general population of women
- Pregnancy does not appear to increase or protect
- Most vulnerable periods (1st trimester and first 9 weeks after delivery)

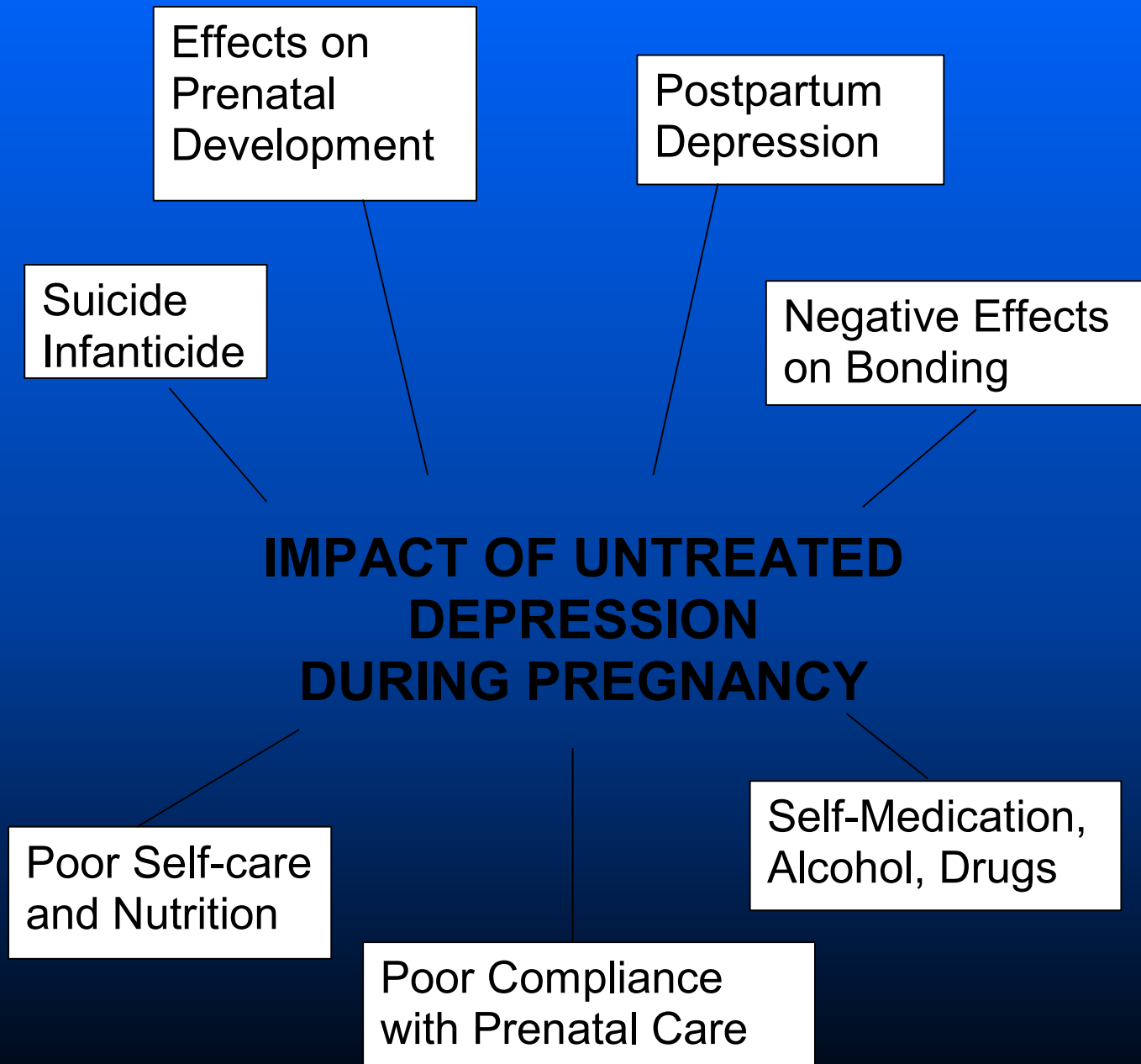
Depression in Pregnancy

■ Risk factors

- Prior depressive illness
- Psychiatric disorder
- Pregnancy complications
- Detection of a fetal anomaly

Depression in Pregnancy

- History of Depressive Illness
 - Pre-conceptual counseling for recurrence
- Pregnancy is a “Happy Time”
 - Most women reluctant to report symptoms
 - Health care providers should inquire about symptoms at regular intervals



Impact of Untreated Depression During Pregnancy

- 3:1 risk for
 - Small-for-gestational-age (<10th percentile)
 - Premature birth (<37 weeks)
 - Low birth weight (< 2.5 kg)

Postpartum Mood Disorders

- “Blues”
- Postpartum Depression
 - Pregnancy Loss
- Psychosis
 - Bipolar Disorder

Suicide Watch

**Houston Mom Accused of Killing Kids
Is Under 24-Hour Care**

June 25 — The Houston mother accused of killing her five children is under a 24-hour suicide watch, according to her lawyer, who says he still has not been able to hold a rational conversation with her.

Dead Calm

**Report: Houston Mom Coolly Tells
Cops About Killing Kids**

June 22 — The Houston mother accused of killing her five children reportedly showed no emotion as she told police how she allegedly drowned them one by one.



Why Mothers Kill

**Depression, Psychoses Are Factors,
But Who Can Know?**

By [Robin Eisner](#)

June 21 — The nightmares stirring inside a mother's mind that would drive her to kill her children are beyond comprehension for most people.

Andrea Pia Yates leaves her probable cause hearing after appearing before Judge Belinda Hill on June 22, in Houston. (Richard Carson/Reuters)

Death Penalty Sought

**Houston Mother Pleads Not Guilty
in Drowning of Her Children**

Aug. 8 — Texas prosecutors say they'll pursue the death penalty for the Houston mother who admitted to drowning her five children in a bathtub.

Could Depression Drive a Mom to Kill?

Dr. Nancy Snyderman on Postpartum Depression, Psychosis

June 21 — Five children are dead in Houston and police say their mother, 36-year-old Andrea Yates, has confessed to the killings. Yates has been charged with one count of capital murder and could face the death penalty.

“Blues”

- Very common -- 45-85% of deliveries
- Viewed as a “normal phenomenon”
- Transient
 - Peak -- postpartum days 3 and 5
 - Spontaneously resolve within 24 – 72 hours

“Blues”

■ Symptoms

- Depressed mood
- Irritability
- Anxiety
- Confusion
- Crying Spells
- Mood Lability
- Disturbances in sleep and appetite

■ Treatment

- Supportive care and reassurance, short acting agents to promote sleep

Postpartum Psychosis

- Very rare -- 0.1-0.2% of deliveries
- Presents in first 4 weeks but may manifest up to 90 days after delivery
- Second smaller peak in incidence at 18-24 months

Postpartum Psychosis

- Patients are severely impaired
- Hallucinations and Delusions
 - Focus on baby dying
 - Devine or demonic
- Increased risk of infanticide / suicide

Postpartum Psychosis

- More common
 - Bipolar disorder
 - Thyroiditis
 - B12 Deficiency
 - Substance abuse, bromocriptine, metronidazol
- Nearly 100% recurrence in subsequent deliveries

Postpartum Depression

- Complicates 10-15% of deliveries
 - 26%-32% adolescents
 - 60% onset within 6 weeks of delivery
 - Most recognized at 3-6 months postpartum
 - Index depression episode in > 50 %
- Typically lasts 6 months or longer
 - If untreated, 25% still depressed 1 year later
- Cross-cultural
 - All socioeconomic classes or educational levels

Postpartum Depression

- Major Depressive Disorder
 - Diagnostic Criteria no different (DSM IV)
 - Must be present greater than 2 weeks to distinguish from “baby blues”
- “Atypical” depression
 - Delusions
 - Anxiety

Postpartum Depression

- Dysphoric mood or anhedonia
- At least 4 of the following present
 - Difficulty concentrating or making decisions
 - Psychomotor agitation or retardation
 - Fatigue
 - Changes in appetite and/ or sleep
 - Recurrent thoughts of death or suicide
 - Feelings of worthlessness or guilt
 - Excessive anxiety

Risk Factors for Postpartum Depression

- Family history of depression
- Prior personal history
- Poor marital relationship
- Inadequate finances
- Substance abuse or other mental health disorders

Postpartum Depression

- Sick leave during pregnancy
- High number of visits to the antenatal care clinic
- More common in PPD group:
 - hyperemesis, premature contractions, and psychiatric disorder

Pregnancy Loss

- Emotional attachments form early
 - Planned pregnancies
 - Infertility
- Appropriate grieving is more difficult
- Depression and anxiety higher than in women who gave birth to a live infant

Impact of Maternal Depression on the Child

- Mothers have more negative attitude toward their children
- Infant is less responsive and harmonious
- Infant more likely to show anger
- By age 3, behavioral problems
- By age 4, cognitive deficits
- At risk of developing depression later



Why is depression missed?

- Feeling of shame and embarrassment when expected to be happy
- Lack of awareness
- Depression is often dismissed as a normal reaction to stress
- Primary care physicians miss the diagnosis and focus on baby's welfare
- “There's no time!”

“The Solution”

- Awareness
- Screening
- Treatment



“ All women should be considered at risk for postpartum depression, and all postpartum women should be screened.”

Screening

- Informal

- *Ask about symptoms of depression*



- Edinburgh Postnatal Depression Scale (EPDS)

- Quick and easy to administer
 - Validated

Edinburgh Postnatal Depression Scale (EPDS)

- Scientifically developed as a screening tool for postpartum depression
- Developed to counter the limitations of other well established depression scales
 - Avoids interpretation of fatigue, poor appetite, and altered sleep as evidence of depression
- 10-item self-report scale
- Scores range 0-30

ISIS



- Egyptian mythology
- Healer, magician, and exemplary wife and mother

Interdisciplinary approach to reduce impact of postpartum depression on military families

OB/GYN*Social-Work*Psychiatry

ISIS


Identify risk factors for postpartum depression

Screen for depressive symptoms

Intervene early

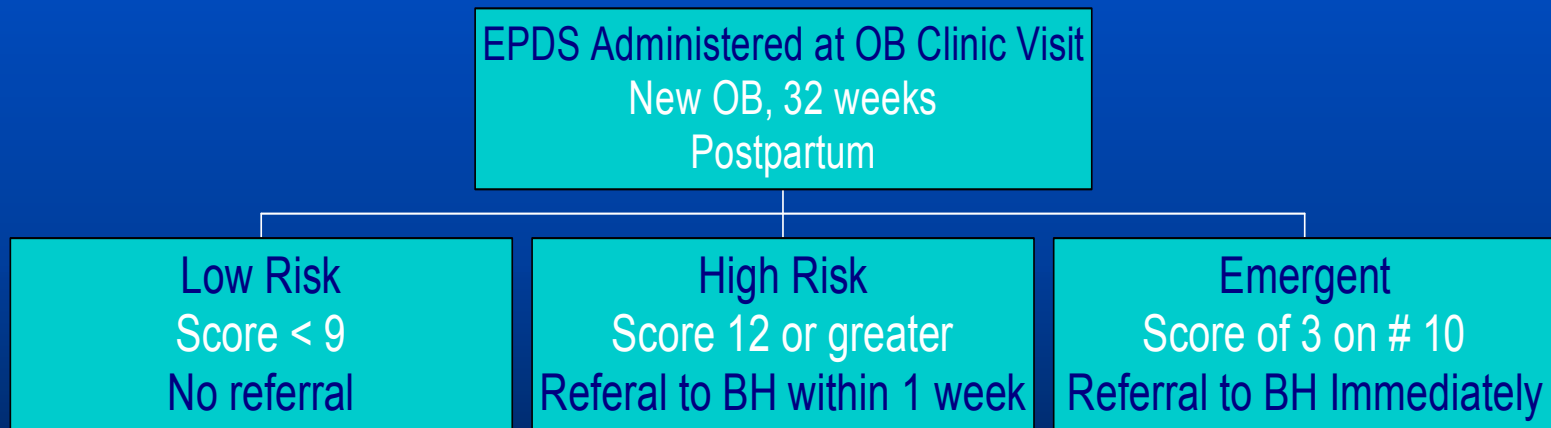
Support and treat

Screening at MAMC

- Administer EPDS 
 - New OB visit or orientation
 - At 32-week visit
 - At 8-week postpartum visit



Screening at MAMC



Positive Screens at MAMC

- New OB Orientation
 - 20.2 % (1st and early second trimester, civilian and active duty combined)
- Pregnant Soldier Clinic (OB-GYN)
 - 33.3 % at 32 weeks
 - 26.3 % at postpartum visit (6-8 weeks)
- Reports in civilian populations
 - 13.5 % during pregnancy
 - 9.1 % postpartum

Treatment

- Early identification is key
- Similar to that for Major Depression of non-pregnant/ postpartum
- Medications
 - Special consideration for breast feeding women
- Mobilize Support
 - Family, community, professional

Treatment

- Referral to Specialist
 - Psychotherapy
 - Electroconvulsive therapy
 - Hospitalization

Treatment

- Expert Consensus Guidelines
 - If history of PPD, do not wait until patient becomes symptomatic to treat
- Consider prophylaxis
 - 3rd trimester and/or immediately after delivery
 - treat or refer

Conclusion

- Childbirth is a major:
 - Physical, psychological and social stressor in a woman's life
 - Risk factor in the development of mental illness
- Postpartum depression is:
 - common
 - frequently unrecognized
 - potentially devastating consequences

Questions ?

